

ATTACHMENT 1

Procedure code conversion chart for family planning services

The following table lists the nationally recognized *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure codes that providers will be required to use when submitting claims for family planning services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation		After HIPAA implementation	
Local procedure code	Local procedure code description	CPT/HCPCS procedure code	CPT/HCPCS procedure code description
W6117	Depo-medroxyprogesterone, 150 mg	J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
W6200	Intrauterine device — progesterone	No longer an allowable procedure code	
W6201	Diaphragm	A4266	Diaphragm for contraceptive use
W6202	Jellies, creams, foams	A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
W6203	Suppositories (PER 1)	99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided)
W6204	Sponges (PER 1)		
W6206	Natural family planning supplies		
W6205	Condoms (PER 1)	A4267	Contraceptive supply, condom, male, each
W6207	Oral contraceptives	S4993	Contraceptive pills for birth control
W6208	Female condom	A4268	Contraceptive supply, condom, female, each
W6209	Cervical cap	A4261	Cervical cap for contraceptive use
W6210	Family planning pharmacy visit oral contraceptive	No longer an allowable procedure code	
W6211	Initial visit, non-comprehensive	99203	Office or other outpatient visit for the evaluation and management of a new patient, at least 30 minutes
W6212	Annual visit non-comprehensive	99213	Office or other outpatient visit for the evaluation and management of an established patient, at least 15 minutes
		99214	Office or other outpatient visit for the evaluation and management of an established patient, at least 25 minutes